Kansas Orthopaedic Center, P.A.

Post-surgical Pain Medication Protocol

Patient Name Date MR#

Spine surgery is painful and I will do the most I can to control your pain post-operatively within reason.

Some useful facts:

- 66% of patients that take hydrocodone for as little as 90 days will still be taking that medication 5 years later.
- Opioid use and abuse has become a major problem in the United States, and most of it occurs in individuals who do not consider themselves addicted to pain medications.

Following are the typical expectations after surgery to that I use to guide myself, my staff, and you as the patient in what to expect after surgery. These pain medications are given on an as needed basis, which means **if you are not having significant pain you do not have to take them**.

Level 1: Small procedures – typical of 1 and 2 level ACDF, discectomy, laminectomy

- Immediate post-op: hydrocodone or oxycodone 30 pills
- Maximum prescription size: 30 pills
- Maximum length of prescription: 60 days

Sig for days 1 to 60: Percocet or Norco 5/325 1 tab q 4 hours PRN pain

Level 2: Medium procedures – typical for 3 or greater level ACDF, cervical corpectomy, 1 to 2 level posterior cervical and lumbar fusion, TLIF, lateral interbody fusion, ALIF, pediatric scoliosis

- Immediate post-op: hydrocodone or oxycodone 60 pills
- Maximum prescription size: 60 pills (first 60 days), 30 pills (after 60 days)
- Maximum length of prescription: 180 days

Sig for days 1 to 60: Percocet or Norco 5/325 or 10/325 1 to 2 tabs q 4 hours PRN pain Within 60 days sig should decrease either from 10/325 to 5/325 or to only one tab in 4 hours Within 120 days sig should decrease to at most 5/325 1 tab q 4 hours

Level 3: Large Procedures – typical for 3 or greater level posterior cervical and lumbar fusion, adult scoliosis, spinal osteotomies, and other deformity correction procedures

- Immediate post-op: hydrocodone or oxycodone 60 pills
- Special cases may require long acting opioids for a maximum of 10 days post-operative (20 pills)
- Maximum prescription size: 60 pills (first 60 days), 30 pills (after 120 days)
- Maximum length of prescription: 180 days

Sig for days 1 to 60: Percocet or Norco 5/325 or 10/325 1 to 2 tabs q 4 hours PRN pain Long acting opioid (special cases only): Oxycontin 10 or 20 mg 1 tab BID (max 20 pills at hospital discharge only)

Within 60 days sig should decrease either from 10/325 to 5/325 or to only one tab in 4 hours Within 120 days sig should decrease to at most 5/325 1 tab q 4 hours

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Adjunctive pain medication options:

The following over the counter medications may be taken at any time as long as you follow the associated precautions.

- Tylenol 325 mg 1 to 2 tabs q 6 hours PRN pain
 Do not exceed 4000 mg in a 24 hour period. Be careful as each of the Norco or Percocet pills will also each have 325 mg of Tylenol.
- Ibuprofen 200 mg 1 to 4 tabs TID PRN pain
 For patients who do not have a fusion procedure ibuprofen may be started after 10 days.
 For patients who have a fusion procedure do not take ibuprofen for at least 60 days after surgery.
- 3. Ice to incision site 10 minutes on and 10 minutes off. Please be sure to keep the incision dry in the immediate post-operative days.

The following prescription medications can be provided as an adjunct to the other post-operative opioid medications or in place of them if you feel they are too strong for you.

- 1. Tramadol 50 mg 1 tab q 6 hours PRN pain
- 2. Gabapentin 300 mg TID
- 3. Tylenol #3 (tylenol with codeine) 30/300 mg 1 to 2 tabs q 6 hours PRN pain Note: Tylenol #3 will only be provided as a replacement to Norco or Percocet, not in addition.